

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)
The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2007
Open to Public Inspection

A For the 2007 calendar year, or tax year beginning **6/01/07**, and ending **5/31/08**

- B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions

C Name of organization

Kids Wish Network, Inc.

Number and street (or P O box if mail is not delivered to street address)

4060 Louis Avenue

City or town, state or country, and ZIP + 4

Holiday

FL 34691

D Employer identification number
31-1579097

E Telephone number
727-937-3600

F Accounting method. ☐ Cash
☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **Kidswishnetwork.com**

J Organization type

(check only one) ☒ 501(c) (**3**) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ☐ Yes ☐ No

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number

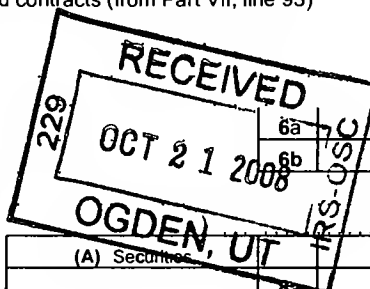
M Check ☒ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **15,821,488**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received.		
a	Contributions to donor advised funds	1a	
b	Direct public support (not included on line 1a)	1b	15,719,509
c	Indirect public support (not included on line 1a)	1c	
d	Government contributions (grants) (not included on line 1a)	1d	
e	Total (add lines 1a through 1d) (cash \$ 14,264,154 noncash \$ 1,455,355)	1e	15,719,509
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	
3	Membership dues and assessments	3	
4	Interest on savings and temporary cash investments	4	161
5	Dividends and interest from securities	5	
6a	Gross rents	6a	
b	Less: rental expenses	6b	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	
7	Other investment income (describe) See Stmt 1	7	
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
b	Less: cost or other basis and sales expenses	8a	
c	Gain or (loss) (attach schedule)	8b	4,298
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	-4,298
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	
b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	
10a	Gross sales of inventory, less returns and allowances	10a	
b	Less: cost of goods sold	10b	
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11	101,818
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	15,817,190
13	Program services (from line 44, column (B))	13	7,724,458
14	Management and general (from line 44, column (C))	14	588,148
15	Fundraising (from line 44, column (D))	15	8,582,824
16	Payments to affiliates (attach schedule)	16	
17	Total expenses. Add lines 16 and 44, column (A)	17	16,895,430
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	-1,078,240
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,342,464
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	3,264,224

SCANNED OCT 30 2008



4P

Part II Statement of Functional Expenses

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23 Specific assistance to individuals (attach schedule) Stmt 2	23	2,294,167	2,294,167		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A See Statement 3	25a	356,085	130,342	170,228	55,515
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	697,832	559,309	138,523	
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30	12,490,985	4,371,845		8,119,140
31 Accounting fees	31	13,700		9,577	4,123
32 Legal fees	32	12,240			12,240
33 Supplies	33	45,906	22,953	22,953	
34 Telephone	34	24,777	17,344	7,433	
35 Postage and shipping	35	46,964	46,964		
36 Occupancy	36	120,318	18,047	37,299	64,972
37 Equipment rental and maintenance	37	24,757	24,757		
38 Printing and publications	38	11	11		
39 Travel	39	14,248	7,124	7,124	
40 Conferences, conventions, and meetings	40				
41 Interest	41	16,943	16,943		
42 Depreciation, depletion, etc. (attach schedule)	42	19,327	7,731		11,596
43 Other expenses not covered above (itemize): a See Statement 4	43a	717,170	206,921	195,011	315,238
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	16,895,430	7,724,458	588,148	8,582,824

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

▶ ☒ Yes ☐ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ **12,490,986**, (ii) the amount allocated to Program services \$ **4,371,845**;(iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ **8,119,141**

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

► See Statement 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)

a See Statement 6

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

2,312,337**b Family Services: Assist family participation in the last wishes of children and help to defray funeral costs of wish participants**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

5,000**c Call to Action: Soliciting assistance in identifying children who would be candidates for our program, as well as seeking the involvement of the public in the attainment of our mission.**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

5,407,121**d**

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)**7,724,458**Form **990** (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	491,416	45	495,737
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	4,029,468	52	3,383,416
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
55a Investments—land, buildings, and equipment basis	55a			
b Less accumulated depreciation (attach schedule)	55b	55c		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment basis	57a 209,129			
b Less accumulated depreciation (attach schedule) See Statement 7	57b 97,871	128,239	57c	111,258
58 Other assets, including program-related investments (describe ▶ See Statement 8)		53,805	58	52,648
59 Total assets (must equal line 74) Add lines 45 through 58		4,702,928	59	4,043,059
Liabilities	60 Accounts payable and accrued expenses	201,610	60	462,713
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) See Worksheet	158,854	64b	316,122
	65 Other liabilities (describe ▶)		65	
66 Total liabilities. Add lines 60 through 65		360,464	66	778,835
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	4,330,435	67	3,206,823
	68 Temporarily restricted	12,029	68	45,371
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	4,342,464	73	3,264,224
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,702,928	74	4,043,059	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	15,817,190
b	Amounts included on line a but not on Part I, line 12.		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	15,817,190
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12) Add lines c and d	e	15,817,190

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	16,895,430
b	Amounts included on line a but not Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify)	b4	
	Add lines b1 through b4	b	
c	Subtract line b from line a	c	16,895,430
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17) Add lines c and d	e	16,895,430

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Mark Breiner	President	154,195	21,814	4,120
Barbara Askin	Secretary	79,307	8,038	2,810
Shelley Breiner	Treasurer	109,919	10,813	3,737
A Complete List Is	0	0	0	0
Attached To This Return	0	0	0	0

Yes	No
-----	----

▶ 8

75b

X

75c

x

75d

x

Yes	No
-----	----

76

x

77

x

78a

x

78b

79

x

80a

x

and check whether it is ☐ exempt **or** ☐ nonexempt

81a

C

81b

x

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
	See Stmt 10 82b 4,907		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89a	501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 , section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90a	List the states with which a copy of this return is filed	All States As Required	
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	42
91a	The books are in care of The Organization 4060 Louis Avenue Located at Holiday, FL	Telephone no. 727-937-3600 ZIP + 4 34691	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

	Yes	No
91c		X

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

Type or print name and title

MARK BREINER PRESIDENT**10/14/08****Paid
Preparer's
Use Only**Preparer's
signature**James A. Jimenez, CPA**

Date

10/14/08Check if
self-
employed☐Preparer's SSN or PTIN
(See Gen Instr X)**P00164127**Firm's name (or yours
if self-employed),
address, and ZIP + 4**Guida & Jimenez, PA
1302 W. Sligh Avenue A
Tampa, FL 33604-5902**

EIN

59-2188404

Phone

no 813-933-2336

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2007Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Kids Wish Network, Inc.

Employer identification number
31-1579097**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp	(e) Expense account and other allowances
Tam Lai 4060 Louis Avenue Holiday FL 34691	Accountant 40	65,205	6,374	0
Total number of other employees paid over \$50,000 ▶		0		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Charitable Resource Foundation 401 Camby Ct, Suite B Greenwood IN 46142	Fundraiser & Pr	3,065,543
Organization Development, Inc. 5311 Lake Worth Road Lake Worth FL 33463	Fundraiser & Pr	1,619,841
Insight Teleservices, Inc. 17117 West Nine Mile Rd, Suite 800 Southfield MI 48075	Fundraiser & Pr	1,163,130
Directele, Inc. 27301 Dequindre Ste 304 Madison Heights MI 48071	Fundraiser & Pr	1,158,769
National Mailing Centers 5114 Okeechobee Blvd. West Palm Beach FL 33417	Fundraiser & Pr	755,926
Total number of others receiving over \$50,000 for professional services ▶	12	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2007

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 Yes No **X**

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a Yes No **X**

b Lending of money or other extension of credit?

2b Yes No **X**

c Furnishing of goods, services, or facilities?

2c Yes No **X**

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

See Part V-A, Form 9902d Yes **X** No

e Transfer of any part of its income or assets?

2e Yes No **X**

- 3a** Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a Yes No **X**

b Did the organization have a section 403(b) annuity plan for its employees?

3b Yes No **X**

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c Yes No **X**

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d Yes No **X**

- 4a** Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a Yes No **X**

b Did the organization make any taxable distributions under section 4966?

4b Yes No

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c Yes No

d Enter the total number of donor advised funds owned at the end of the tax year ► _____

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____

0

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____

0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives: (1) **more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) **no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ►					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c

d Add Amounts from column (e) for lines 18 _____ 19 _____
22 _____ 26b _____ ▶ 26d

e Public support (line 26c minus line 26d total) ▶ 26e

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f %

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." N/A

Do not file this list with your return. Enter the sum of such amounts for each year

(2006)	(2005)	(2004)	(2003)
--------	--------	--------	--------

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:

(2006)	(2005)	(2004)	(2003)
--------	--------	--------	--------

c Add Amounts from column (e) for lines: 15 _____ 16 _____
17 _____ 20 _____ 21 _____ ▶ 27c

d Add Line 27a total _____ and line 27b total _____ ▶ 27d

e Public support (line 27c total minus line 27d total) ▶ 27e

f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶ 27f

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following:			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations												
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36													
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38 Total lobbying expenditures (add lines 36 and 37)	38													
39 Other exempt purpose expenditures	39													
40 Total exempt purpose expenditures (add lines 38 and 39)	40													
41 Lobbying nontaxable amount Enter the amount from the following table-														
<table border="0"> <tr> <td>If the amount on line 40 is-</td> <td>The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is-	The lobbying nontaxable amount is-	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is-	The lobbying nontaxable amount is-													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
42 Grassroots nontaxable amount (enter 25% of line 41)	42													
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43													
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44													

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of.

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)
-----------------	---

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

KIDS WISH NETWORK, INC.
STATEMENT OF FUNCTIONAL EXPENSES
Years Ended May 31, 2008 and 2007

	2008				2007			
	Program Services		Support Services		Program Services		Support Services	
	Wish Granting	Fund Raising	Management and General	Fund Raising	Total	Wish Granting	Fund Raising	Total
Direct Costs of Wishes	2,294,166	-	-	-	2,294,166	3,340,991	-	3,340,991
Direct Costs of Fund Raising	-	4,371,845	-	8,119,141	12,490,986	-	-	9,107,051
Salaries, Taxes and Benefits	689,651	-	308,751	55,515	1,053,917	573,751	-	5,919,583
Rent	18,048	-	37,299	64,972	120,319	17,503	-	900,609
Telephone	17,344	-	7,433	-	24,777	15,557	-	116,689
Donated Auto and Boat Expense	-	-	915	-	915	-	-	22,224
Office Expense	22,953	-	22,953	-	45,906	19,567	-	1,664
Postage and Delivery	46,964	-	-	-	46,964	27,551	-	34,487
Printing, Publications & Advertising	99,067	-	1,992	-	101,059	12,180	-	27,551
Interest	16,943	-	-	-	16,943	35,238	-	19,546
Insurance	24,337	-	-	-	24,337	18,465	-	35,238
Professional Fees	-	-	30,729	16,363	47,092	-	-	18,465
Depreciation and Amortization	7,731	-	-	11,596	19,327	8,424	-	52,378
Dues and Subscriptions	558	-	-	-	558	4,080	-	21,060
Travel	7,124	-	7,124	-	14,248	10,552	-	4,080
Repairs and Maintenance	12,696	-	-	-	12,696	16,480	-	21,104
Meetings and Conferences	825	-	-	-	825	-	-	16,480
License & Taxes	4,812	-	-	-	4,812	3,583	-	-
Utilities	3,715	-	7,431	1,238	12,384	5,431	-	3,583
Contract Labor	-	-	-	-	-	-	10,862	18,103
Bank Charges	57,341	-	-	-	57,341	55,752	-	-
Meals and Entertainment	7,865	-	7,865	-	15,730	6,042	-	55,752
Adjustments to Inventories	-	-	-	314,000	314,000	-	-	12,085
Security	-	-	-	-	-	77	-	7,408
Volunteer Labor	-	-	-	4,907	4,907	4,368	-	154
Special Events Expense	-	-	151,031	-	151,031	-	-	8,715
Miscellaneous	20,474	-	4,625	-	25,098	18,748	-	-
	<u>\$ 3,352,615</u>	<u>\$ 4,371,845</u>	<u>\$ 588,147</u>	<u>\$ 8,587,732</u>	<u>\$ 16,900,338</u>	<u>\$ 4,194,342</u>	<u>\$ 3,203,831</u>	<u>\$ 413,142</u>
								<u>\$ 6,062,532</u>
								<u>\$ 13,873,847</u>

Attachment to form 990

FYE 5/31/08

EIN 31-1579097

Page 6, Part V-A

Kids Wish Network, Inc. Board of Directors & Officers 2008

Mark Breiner
4060 Louis Ave
Holiday, Florida 34691

Shelley Breiner
4060 Louis Ave
Holiday, Florida 34691

Barbara Askin
4060 Louis Ave
Holiday, Florida 34691

Leonard Schuster
4060 Louis Ave
Holiday, Florida 34691

Daron Diecidue, M.D.
4060 Louis Ave
Holiday, Florida 34691

Les Aron
4060 Louis Ave
Holiday, Florida 34691

Ken Joyce
4060 Louis Ave
Holiday, Florida 34691

Karen Pelle
4060 Louis Ave
Holiday, Florida 34691

Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2007Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Kids Wish Network, Inc.

Identifying number

31-1579097

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property		
(b) Cost (business use only)		
(c) Elected cost		
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) and cellulosic biomass ethanol plant property placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	15,638

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	0
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B-Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	3,689
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	19,327
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2007)

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

Section A-Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☒ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☒ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
---	----------------------------------	---	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)

25

26 Property used more than 50% in a qualified business use

2004 Chevy Blazer

12/17/03

70.00%

26,349

18,444

5.0

S/L-

3,689

27 Property used 50% or less in a qualified business use:

		%				S/L-	
		%				S/L-	

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

3,689

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B-Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C-Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		X
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		X
39 Do you treat all use of vehicles by employees as personal use?		X
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		X
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		X

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
-----------------------------	------------------------------------	------------------------------	------------------------	--	--------------------------------------

42 Amortization of costs that begins during your 2007 tax year (see instructions)

43 Amortization of costs that began before your 2007 tax year

43

44 Total. Add amounts in column (f). See the instructions for where to report

44

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2007**For calendar year 2007, or tax year beginning **6/01/07**, and ending **5/31/08**

Name

Employer Identification Number

Kids Wish Network, Inc.**31-1579097****Form 990, Part IV, Line 64b - Additional Information**

Name of lender	Relationship to disqualified person
(1) Notes Payable - GMAC Vehicles	
(2) Line of Credit Washington Mutual	
(3) Note Payable - Pilot Bank	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	7,394	2,685
(2)	151,460	243,437
(3)		70,000
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	158,854	316,122

Federal Statements**Form 990 - General Footnote****Description**

Kids Wish Network, Inc.'s (KWN) mission is to create happiness and long-lasting memories for sick children. Operating nationally out of one facility located in Florida, the charity accomplishes its mission through several unique programs. KWN grants wishes to children suffering with life-threatening conditions, making certain that whether children wish to meet a celebrity, go to Disney World or receive a computer, their dreams will become a reality. Its unique "Holiday of Hope" program brings gifts and entertainment to children confined to hospitals across the country and these events have been heralded by participating hospitals as "A bright spot among a sea of darkness for these children." KWN also has a funeral assistance program to aid the families of "Wish Kids" at their most difficult time. Kids Wish Network's innovative programs positively impact the lives of thousands of children and their families throughout the United States each year. Joint efforts with professional Fund-raisers account for the majority of sick children referred for services.

Compensation of Employees: All employment related expenses are reflected in "leased employer costs." The company has no direct employees. All employees including officers and management are leased employees.

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Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Depr	Gain/ -Loss
Server & Network		Purchase		12/01/05	2/01/08	\$	\$ 7,584	\$ 3,286	\$ -4,298
Total						\$ 0	\$ 7,584	\$ 3,286	\$ -4,298

Federal Statements**Statement 2 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

<u>Description</u>	<u>Amount</u>
Program Expense	\$ 2,091,676
Funeral Expenses	5,000
Gift Boxes Expense	920
Pre-Paid Wish Expense	20,048
HOH Expense	75
Hero Program	175,489
Wishes Database	959
Total	<u>\$ 2,294,167</u>

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Statement 3 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Expenses	\$	\$	\$
Barbara Askin Compensation	25,197	1,405	55,515
Mark Breiner Compensation	48,318	109,996	
Shelley Breiner Compensation	56,827	58,827	
Total	<u>\$ 130,342</u>	<u>\$ 170,228</u>	<u>\$ 55,515</u>

Federal Statements**Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Expenses	\$	\$	\$	\$
Leased Expense	9,086	4,543	4,543	
Advertising	5,655	5,655		
Meals	15,729	7,864	7,865	
Auto Expense - Resale	915		915	
Gifts	1,556	1,556		
Inventory Adjustment	314,000			314,000
Website Design Expense	91,420	91,420		
Insurance Expense	24,337	24,337		
Licenses & Taxes	4,812	4,812		
Database Management	1,195	1,195		
Utilities	12,384	3,715	7,431	1,238
Supplies - Marketing	3,984	1,992	1,992	
Consulting	21,152		21,152	
Special Events Expense	151,031		151,031	
Boat Expense	11	11		
Bank Service Charges	57,341	57,341		
Meetings/Conventions	825	825		
Credit Card Merchant Fees	666	666		
Education & Training	350	350		
Mileage Reimbursement	163	81	82	
Dues / Subscriptions	558	558		
Total	\$ 717,170	\$ 206,921	\$ 195,011	\$ 315,238

Federal Statements**Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose****Description**

Kids Wish Network, Inc. is a nationally recognized charitable organization dedicated to infusing hope, creating happy memories, and improving the quality of life for children. Kids Wish Network, Inc. assists children and their families through several key programs.

*****See Also General Footnote*****

Statement 6 - Form 990, Part III, Line a - Statement of Program Service Accomplishments**Description**

Kids Wish Network's accomplishments included numerous programs that positively affected the lives of thousands of children and their families throughout the United States. The organization fulfilled the wishes of children suffering from life-threatening conditions. In addition, "Holiday of Hope" and "Gift Bank" events provided children confined to hospitals and their entire families an opportunity to enjoy a positive experience together and gave them a rare chance to create happy memories. Many of these children will not live to enjoy commonly celebrated holidays. The "Holiday of Hope Gift Bank" program placed toys at hospital emergency rooms and pediatric wards so that children could be distracted from the frightening situation at hand. Kids Wish Network's funeral assistance program helped families of "Wish Kids" at their most difficult time, the loss of a child.

Federal Statements

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
Leasehold Improvement	\$ 77,542	\$	\$	\$
Automobile	31,433			
Warehouse Equipment	16,008			
Computer Equipment	63,619			
Furniture & Equipment	10,215			
Office Equipment	11,250			
Accumulated Depreciation		81,828		
Automobile			31,433	
Warehouse Equipment			16,008	
Computer Equipment			61,535	
Furniture & Equipment			10,215	
Office Equipment			12,395	
Leasehold Improvements			77,543	
Accumulated Depreciation				97,871
Total	\$ 210,067	\$ 81,828	\$ 209,129	\$ 97,871

Statement 8 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Insurance	\$ 7,086	\$
Prepaid Expenses	4,569	16,500
Prepaid Wishes	19,900	13,898
Deposits	22,250	22,250
Total	\$ 53,805	\$ 52,648

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Statement 9 - Form 990, Part V-A, Line 75b - Related Party Information

Related Party One	Related Party Two	Relationship
Mark Breiner President	Shelley Breiner Treasurer	Husband/Wife
Shelley Breiner Treasurer	Barbara Askin Secretary	Daughter/Mother
Mark Breiner President	Barbara Askin Secretary	Son in Law/Mother in Law

Federal Statements**Statement 10 - Form 990, Part VI, Line 82b - Donated Services**

<u>Description</u>	<u>Amount</u>
Volunteer Service Hours	\$ 4,907
Total	\$ 4,907

Forms 990 / 990-EZ Return SummaryFor calendar year 2007, or tax year beginning **6/01/07**, and ending **5/31/08****31-1579097****Kids Wish Network, Inc.****Net Asset / Fund Balance at Beginning of Year****4,342,464****Revenue**Contributions **15,719,509**

Program service revenue

Investment income **161**Capital gain / loss **-4,298**

Special events

Gross revenue

Direct expenses

Net income

Other income **101,818****Total revenue****15,817,190****Expenses**Program services **7,724,458**Management and general **588,148**Fundraising **8,582,824**

Payments to affiliates

Total expenses**16,895,430****Excess / (deficit)****-1,078,240**

Other changes

Net Asset / Fund Balance at End of Year**3,264,224****Reconciliation of Revenue**Total revenue per financial statements **15,817,190**

Less:

Unrealized gains

Donated services

Recoveries

Other

Plus:

Investment expenses

Other

Total revenue per return **15,817,190****Reconciliation of Expenses**Total expenses per financial statements **16,895,430**

Less:

Donated services

Prior year adjustments

Losses

Other

Plus:

Investment expenses

Other

Total expenses per return **16,895,430****Balance Sheet**

	Beginning	Ending	Differences
Assets	<u>4,702,928</u>	<u>4,043,059</u>	
Liabilities	<u>360,464</u>	<u>778,835</u>	
Net assets	<u>4,342,464</u>	<u>3,264,224</u>	<u>-1,078,240</u>

Miscellaneous Information

Amended return

Return / extended due date **10/15/08**

Failure to file penalty